Foster Family Home - Corrective Action Report

Provider ID: 1-563933

Home Name: Elenita Vitug, CNA

Review ID: 1-563933-6

91-763 Kilipoe Street

Reviewer:

Lisa Johnson

Ewa Beach

HI 96706

Begin Date:

6/12/2019

Foster Fami	lly Home Required Certificate	[11-800-6]		
6.(d)(1)	Comply with all applicable requirements in this of	Comply with all applicable requirements in this chapter, and		
Comment:				

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 6/12/19. Home is in compliance with all requirements.

Compliance Manager

Primary Care Giver

Date

Date